

VERIFICATION OF INCOME FROM BUSINESS

<p>(Name of HOME Participating Jurisdiction)</p> <p style="text-align: center;">CITY OF FALLS CHURCH HOUSING AND HUMAN SERVICES 300 PARK AVE, FALLS CHURCH, VA 22046 (703) 248-5005 * FAX (703) 248-5149</p> <p>AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the ADU program, which we operate and we will re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit for the household.</p> <p>Your prompt return of the requested information will be appreciated.</p> <p>(NAME OF PARTICIPANT)</p>	<p>Based on business transacted from _____ to _____</p> <p>1. Gross Income \$ _____</p> <p>2. Expenses</p> <p style="margin-left: 20px;">(a) Interest on loans \$ _____</p> <p style="margin-left: 20px;">(b) Cost of goods/materials \$ _____</p> <p style="margin-left: 20px;">(c) Rent \$ _____</p> <p style="margin-left: 20px;">(d) Utilities \$ _____</p> <p style="margin-left: 20px;">(e) Wages/salaries \$ _____</p> <p style="margin-left: 20px;">(f) Employee contributions \$ _____</p> <p style="margin-left: 20px;">(g) Federal Withholding Tax \$ _____</p> <p style="margin-left: 20px;">(h) State Withholding Tax \$ _____</p> <p style="margin-left: 20px;">(i) FICA \$ _____</p> <p style="margin-left: 20px;">(j) Sales tax \$ _____</p> <p style="margin-left: 20px;">(k) Other: \$ _____</p> <p style="margin-left: 20px;">_____ \$ _____</p> <p style="margin-left: 20px;">_____ \$ _____</p> <p style="margin-left: 20px;">_____ \$ _____</p> <p style="margin-left: 40px;">(l) Straight line depreciation \$ _____</p> <p style="margin-left: 40px;">Total Expenses \$ _____</p> <p>3. Net Income \$ _____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____</p> <p>or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	